

# MESQUITE FIRE RESCUE DEPARTMENT HEALTH CARE RECORD REQUEST

10 East Mesquite Blvd. Mesquite, NV 89027  
Tel: (702) 346-2690 Fax: (702) 346-5242



## INSTRUCTIONS:

Requests for Health Care Records of a patient must be made in writing using this form and must be accompanied by a written authorization in compliance with **NRS 629.061**. Requests for health care records shall be made by:

- (a) The patient or a representative with written authorization from the patient;
- (b) The personal representative of the estate of a deceased patient;
- (c) Any trustee of a living trust created by a deceased patient;
- (d) The parent or guardian of a deceased patient who died before reaching the age of majority;
- (e) An investigator for the Attorney General or a grand jury investigating an alleged violation of [NRS 200.495](#), [200.5091](#) to [200.50995](#), inclusive, or [422.540](#) to [422.570](#), inclusive;
- (f) An investigator for the Attorney General investigating an alleged violation of [NRS 616D.200](#), [616D.220](#), [616D.240](#) or [616D.300](#) to [616D.440](#), inclusive, or any fraud in the administration of [chapter 616A](#), [616B](#), [616C](#), [616D](#) or [617](#) of NRS or in the provision of benefits for industrial insurance; or
- (g) Any authorized representative or investigator of a state licensing board during the course of any investigation authorized by law.

- (1) Allow a minimum of three (3) business days for a response.
- (2) Fill out this form completely: full name, address and telephone number. PLEASE PRINT.
- (3) Specify health care record requested by using patient's name, date of incident and provide as much detailed information as you can.

## HEALTH CARE RECORD REQUESTED BY:

Name: \_\_\_\_\_ Daytime or message phone: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

\_\_\_\_\_

Patient Information: \_\_\_\_\_

\_\_\_\_\_ Date of Incident: \_\_\_\_\_

Upon compliance with the above, Mesquite Fire Rescue shall furnish a copy of the records to each person described in subsection (a) - (g) who requests it and pays the actual cost of postage, the costs of making the copy, not to exceed 60 cents per page for photocopies and a reasonable cost for copies of X-ray photographs and other health care records produced by similar processes. No administrative fee or additional service fee of any kind may be charged for furnishing such a copy in the State of Nevada. Out of state health care requests are subject to a \$15.00 retrieval fee in addition to the cost of postage and copy charges.

State of \_\_\_\_\_  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me the undersigned, a Notary Public for said County and State, personally appeared \_\_\_\_\_, known to be the person described herein and who executed the foregoing instrument who acknowledge to me that he/she executed the same freely and voluntarily and for the purposes therein mentioned.

\_\_\_\_\_  
Notary Public in and for the said County and State